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OCT 12 2018

U.S. District Court  
Eastern District of MO

UNITED STATES DISTRICT COURT FOR  
THE EASTERN DISTRICT OF MISSOURI  
DIVISION

Complaint for a Civil Case

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

v. LARRY NEWBURN  
*Larry Newburn*

Case No.  
(to be assigned by Clerk of  
District Court)

"JURY TRIAL DEMANDED"

Plaintiff requests trial by jury:

☒ Yes ☐ No

(Write the full name of each defendant. The caption must include the names of all of the parties. Fed. R. Civ. P. 10(a). Merely listing one party and writing "et al." is insufficient. Attach additional sheets if necessary.)

ST. LOUIS, MO, VAMC, DIRECTOR Keith Repko, DR. Patricia McKeay  
VETERANS ADMINISTRATION MEDICAL CENTER, CHIEF NURSE Cheryl Anderson  
LPN SHAUTLEY RAY, CIVIL COMPLAINT, PRIVACY OFFICER Jennifer Roberts  
RN, SUZANNE BLAYLOCK, PRIVACY OFFICER Angie Nicholson  
DR. OUADIR MOHAMMAD, NOTICE: ROT OFFICER Jock Holmes  
SHERRY WANSLEY

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the \$400.00 filing fee or an application to proceed without prepaying fees or costs.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>LARRY NEWBURN</u>
Street Address	<u>10570 MORTIMER LANE</u>
City and County	<u>ST. LOUIS, .</u>
State and Zip Code	<u>MISSOURI, 63134</u>
Telephone Number	<u>(314) 503-6575</u>
E-mail Address	<u></u>

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	<u>ST. LOUIS, MO, VAMC, Keith Repko</u>
Job or Title	<u>DIRECTOR OF ST. LOUIS VAMC.</u>
Street Address	<u>915 NORTH GRAND BOULEVARD</u>
City and County	<u>ST. LOUIS, MISSOURI 63106</u>
State and Zip Code	<u>MISSOURI, 63106</u>
Telephone Number	<u>(314) 652-4100</u>
E-mail Address	<u></u>

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant. If you are suing for violation of your civil rights, you must state whether you are suing each defendant in an official capacity, individual capacity, or both.)*

LARRY NEWS WRN  
10570 MONTIMER LANE  
ST. LOUIS, MO. 63134  
(314) 503-6575

B.

THE DEFENDENTS

1. ST. LOUIS, VAMC Director Keith Repko  
915 N. GRAND BOULEVARD ST. LOUIS MO, 63106 (314) 652-4100
2. DR. PATRICIA MCKELVEY  
915 N. GRAND BLVD ST. LOUIS, MO, 63106 (314) 652-4100
3. CHIEF NURSE CHERYL ANDERSON  
915, N. GRAND BLVD ST. LOUIS, MO, 63106 (314) 652-4100
4. LPN. SHANTLEY RAY  
915, N. GRAND BLVD ST. LOUIS, MO, 63106 (314) 652-4100
5. RN. SUZZANE BLAYLOCK  
915, N. GRAND BLVD ST. LOUIS, MO. 63106 (314) 652-4100
6. DR. OUADIR MOHAMMAD  
915, N. GRAND BLVD ST. LOUIS, MO, 63106 (314) 652-4100
7. Privacy officer JENNIFER ROBERTS  
915 N. GRAND BLVD ST. LOUIS, MO, 63106 (314) 652-4100
8. Privacy officer ANGIE NICHOLSON  
915 N. GRAND BLVD ST. LOUIS, MO. 63106 (314) 652-4100
9. ROI release of information officer JACK HOLMES  
915 N. GRAND ST LOUIS, MO. 63106 (314) 652-4100
10. The ST. LOUIS, MO, VAMC. VETERANS ADMINISTRATION MEDICAL CENTER  
915 N. GRAND, ST. LOUIS, MO, 63106 (314) 652-4100

## II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only three types of cases can be heard in federal court. Provide the information for this case. (Include all information that applies to your case)

### A. Federal question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Violation of my patient rights, violation of my civil rights, violation of my rights to Due Process of Law both procedural and substantive, I was discriminated against based on my age, race, and disability, disabilities, treated with bias, bigotry, deceit and deception, total disrespect.

### B. Suit against the Federal Government, a federal official, or federal agency

List the federal officials or federal agencies involved, if any.

ST. LOUIS; VAMC, VETERANS ADMINISTRATION Medical Center  
ST. LOUIS, VAMC. ACTING DIRECTOR KIRTH REPKO, DR. PATRICIA MCKELVEY,  
CHIEF NURSE, CHERYL ANDERSON, LPN. SHANTLEY RAY, RN. SUZANNE  
BLAYLOCK, DR. OUADE MOHAMMAD, PRIVACY OFFICER JENNIFER ROBERTS,  
PRIVACY OFFICER ANGIE NICHOLSON, and ROI, Release of information  
officer Jock Holmes,

### C. Diversity of Citizenship

These are cases in which a citizen of one State sues a citizen of another State or nation, and the amount at stake is more than \$75,000. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

#### 1. The Plaintiff(s)

The plaintiff, (name) \_\_\_\_\_, is a citizen of the  
State of (name) \_\_\_\_\_.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)



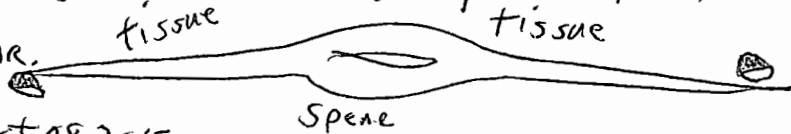
## III. Statement of Claim

Type, or neatly print, a short and plain statement of the FACTS that support your claim(s). For every defendant you have named in this complaint, you must state what he or she personally did to harm you. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Do not make legal arguments, or cite court cases or statutes. You may attach additional pages if necessary.

Your statement of claim must include all of the following information:

1. What happened to you?
2. When did it happen?
3. Where did it happen?
4. What injuries did you suffer?
5. What did each defendant personally do, or fail to do, to harm you?

I went into the outpatient clinic for a routine earwax cleaning, during procedure, I was burned with scalding hot water, both my ears were in so much pain and throbbing as if on fire or as if I was in surgery with no anesthetic, I felt my right ear being punctured, I suffered severe trauma, was in a state of shock, The LPN took 2 pieces of tissue out of my ear with plastic spear, she showed me the tissues and spear.



It happened on Oct. 08, 2015

It happened at the Outpatient VAMC clinic on 2727 Washington, St. Louis, MO. 63106. I suffered severe pain, trauma, recurring infections, chills, fever, my face was swollen and looked disfigured as if I had a stroke, I still have chronic ear pain and can feel the scar tissue in my ear when I move my head or my neck. I have constant earaches, I still fear for my life that some day I'll have more complications from my traumatic ear injury. I had a hole in my ear, my injuries were not properly documented. In their rush to cover up their mistakes and wrongdoing the VA allowed me to suffer. I could have died had I not went to VAMC emergency on Nov. 08, 2015.

IV. Relief  
State briefly and precisely what damages or other relief you want from the Court. Do not make legal arguments.

I was told by emergency room attendant the infection could have spread to my heart or lungs and could've killed me. In that case the VAMC St. Louis would have gotten away with medical malpractice resulting in death.

I want 5 million actual damages and 10 million punitive damages.  
\$5,000,000.00 - \$10,000,000.00

### III. Statement of Claim

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5. What did each defendant personally do, or fail to do, to harm you?

### IV. Relief

State briefly and precisely what damages or other relief you want from the Court. Do not make legal arguments.

I want monetary damages, a written statement from the St. Louis, MO. Veterans Administration Medical Center admitting their fault and wrong doing in my case and how it was handled to purposely try to coverup what happened to me. And to discipline all of the perpetrators involved who attempted to violate my patient rights. L.N.

Do you claim the wrongs alleged in your complaint are continuing to occur now?

Yes ☒ No ☐

Do you claim actual damages for the acts alleged in your complaint?

Yes ☒ No ☐

Do you claim punitive monetary damages?

Yes ☒ No ☐

If you indicated that you claim actual damages or punitive monetary damages, state the amounts claimed and the reasons you claim you are entitled to recover these damages.

*Five million, \$5,000,000 Actual damages and \$10,000,000 and Ten million punitive monetary damages, my ear is in constant pain, earaches, ringing, I have fears of someday developing a tumor from the scarring inside my ear caused by LPN's reckless conduct and the VAMC not caring whether I live or die, and the VAMC efforts to cover up the truth about my injuries at the hands of an incompetent LPN and dishonest person.*

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 12 day of OCTOBER, 20 18.

Signature of Plaintiff(s) Larry Newburn